

Urinary Problem Questionnaire

Please answer the following questions:

Is your cat using his litter box? **Yes** **No**

If no, where is he urinating? _____

Does he defecate in his box? **Yes** **No**

Is he **Spraying** or **Squatting?**

Have you noticed if he is straining? **Yes** **No**

Have you seen blood in his urine? **Yes** **No**

When did you first notice a problem? _____

Is he drinking more water than usual? **Yes** **No**

How many cats are in your household? _____

How many litter boxes do you have? _____

Which kind of litter do you use? **Clumping** or **Non-clumping**

How often do you scoop the box? **Daily** **2x Daily** **Weekly**

How often do you clean all the boxes? **Daily** **2x Daily** **Weekly**

Did you recently change litter brands? **Yes** **No**

Do the litter boxes have hoods? **Yes** **No**

Do the litter boxes have liners? **Yes** **No**

Have you recently moved? **Yes** **No**

Any new stresses in your life, such as a new pet, new baby, new job schedule, etc.?

Yes **No**

Is your cat displaying other signs? **Weight loss** **Vomiting** **Diarrhea**

Listlessness **Appetite loss** **Other**

What do you feed your cat? _____

Which do you prefer to give your cat? **Liquid** or **Tablets**

Signature _____ Phone # _____ Date _____